

Foster Family Home - Corrective Action Report

Provider ID: 1-120055

Home Name: Edita Magsipoc, CNA

Review ID: 1-120055-7

94-430 Kahualoa Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/13/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/13/19.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN
Compliance Manager

Jan
Primary Care Giver

11/13/19
Date

11/13/2019
Date